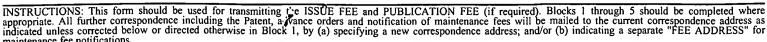
31-14-08

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail MaikStapx ISS WE FEE x

MaikStap: ISSHE FEEx Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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indicated unless corrects		nerwise in Block I, by (a	specifying a new corres	pondence address; and/or	(b) indicating a separa	te "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27572	7590 10/17	/2007	PE			ssion	
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		13		G. Greenery S	A /////	(Depositor's name)	
		Ten	BENERAL	/ . /w	the / Clan	(Signature)	
				January /// ,(2908 //	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	// ATTO	RNEY DOCKET NO.	CONTERMATION NO.	
10/619,116	07/14/2003		Kai H. Schuette) V	162С- (03 <mark>С</mark> ОВ	6853	
TITLE OF INVENTION: DIGITAL CAMERA VALET GATE 81/15/2008 AIRINH1 00000028 10619116							
				01 FC:2501		720.00 OP 300.00 OP	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	W2 FC:1504 PREV. PAID 1888 21 EE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	01/17/2008	
·		ART UNIT	CLASS-SUBCLASS	1	*****		
EXAMINER DARWI C		2612	340-932200	j			
POPE, DARYL C 2612 1. Change of correspondence address or indication of "Fee Address" (37)			2. For printing on the p	atent front page list	······	····	
CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Pierce, P.L.C.							
"Fee Address" indication (or "Fee Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PÉEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
CVPS, Inc. Detroit, Michigan							
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent) :	Individual Corporati	ion or other private group	entity Government	
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	ase first reapply any prev	iously paid issue fee sh	own above)	
☐ Issue Fee ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							
	No small entity discount p					ciency, or credit any	
		- 2	overpayment, to Depo	y authorized to charge the sit Account Number	8-0750 (enclose an e	extra copy of this form).	
	tus (from status indicated is SMALL'ENTITY state		☐ h Applicant is no lon	ger claiming SMALL EN	TITV status See 37 CFR	: 1 27(a)(2)	
NOTE: The Issue Fee an	d Publication Fee (if reg	(ired) will not be accepte	from anyone other than to	he applicant; a registered	attorney or agent; or the	assignee or other party in	
interest as shown by the	records of the United Spa	ates Patent and Trademark	Otyce.				
Authorized Signature	[].	Muyny l	links	Date J.	anuary // , :	2008	
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